

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046757

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6326

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Menorah Medical Center**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7316 Forest Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Mr. JOHN J. BAUM

4. DATE OF DEATH

Month Day Year
December 11, 1962

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/26/73

9. AGE (last birthday)

89

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wholesale Produce, eggs (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

Kansas City, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown Baum

13b. MOTHER'S MAIDEN NAME

Unknown Hanson

14. NAME OF HUSBAND OR WIFE

Adele Baum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Ernest R. Baum, Holton, Kansas

17. INFORMANT

Ernest R. Baum, Holton, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Uremia Nephrosclerosis**

Also **Prostate Hypertrophy**

Also **Fracture Left Hip**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1948

to

Dec. 11/62

and last saw him alive on

December 11, 1962

Death occurred at

11:05

P.

m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Fred Irwig, M.D.

(Degree or title)

22b. ADDRESS

1610 Professional Bldg. Kansas City 6, Missouri

22c. DATE SIGNED

12/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-13-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cemetery

23d. LOCATION (city, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

D. W. Newcomer's Sons K.C., Mo.

ADDRESS

12-13-62

25. DATE RECD. BY LOCAL REG.

12-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Fred Irwig

VS 300 Rev. 4/59	DATE AMENDED	
1		
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Wern Lawler*

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.